

Appendix 7

Electronic Media Claims Submission Instructions

Fields marked with an asterisk () This information does not appear or it autoplug on the software.*

Claim Header Record 1

REC-ID (Record Identifier)*

This is a one-byte numeric field. Enter the constant character of “1.”

CT (Claim Type)

This is a two-byte numeric field. Enter the constant characters “10.”

BP-NBR (Billing Provider Number)

Enter your eight-digit provider number assigned by Wisconsin Medicaid.

MID (Medicaid Identification Number)

Enter the recipient’s Medicaid identification number as it appears on the current Medicaid identification card.

L-NAME (Last Name)

Enter up to 12 characters of the recipient’s last name from the recipient’s Medicaid identification card. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid ID card and the EVS do not match, use the spelling from the EVS.

F-NAME (First Name)

Enter the first two characters of the recipient’s first name.

FP-NBR (Facility Provider Number)

Leave this field blank.

OI-IND (Other Insurance Indicator)

Enter one of the following codes:

<u>Code</u>	<u>Description</u>
P	Paid in part by commercial insurance, HMO, or Health Maintenance Plan (HMP).
D	Denied by commercial insurance (benefits exhausted, not covered, deductible reached, etc.).
Y	Yes, card indicated other coverage but was not billed for reasons.
H	HMO or HMP does not cover this service or the billed amount does not exceed the coinsurance or deductible amount.
Blank	No other insurance coverage.

Note: If indicator is “P,” amount of commercial insurance payment must be entered in “Other Insurance Paid.”

MSC (Medicare Status Code)

Enter one of the following codes that best reflect the Medicare status of the recipient.

<u>Code</u>	<u>Description</u>
6	Non-Medicare Eligible Recipient.
7	Medicare Benefits Denied/Rejected.
Blank	Patient has no Medicare.

Note: Required field, if previously processed by Medicare and denied or if recipient is Medicare eligible but service is not a benefit.

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PCN (Patient Control Number)

Enter up to 12 characters in this field as desired. These characters will be printed in the Medical Record field on the Remittance and Status Report.

PA-NBR (Prior Authorization Number)

Enter the seven-digit prior authorization (PA) number from the approved PA form. Services authorized under multiple PAs must be billed on separate claims. If the procedure(s) does not require PA, leave the space blank.

DIAG (Diagnosis Code)

When submitting a diagnosis-restricted drug, enter the applicable five-digit diagnosis code from the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) coding structure in this field. If not submitting a claim for a diagnosis-restricted drug, this field may be left blank. Enter all digits of the diagnosis code, including preceding zeros, without any decimal, that is applicable to the diagnosis-restricted drug. Multiple diagnosis-restricted drugs **cannot** be submitted on the same claim.

Claim Detail Record 3

REC-ID (Record Identifier)*

This is a one-byte numeric field. Enter the constant character “3.”

CT (Claim Type)*

This is a two-byte numeric field. Enter the constant characters “10.” (10 is for pharmacy claims.)

PRESCRIBER (Prescribing Physician)

Enter the nine-digit Drug Enforcement Administration (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number is not available, enter one of the following default DEA numbers:

XX5555555 — Prescriber's DEA cannot be obtained.

XX9999991 — Prescriber does not have a DEA number.

RX-DT (Prescription Date)

Enter the date shown on the prescription using YYYYMMDD format.

FILL-DT (Fill Date)

Enter the date that the prescription was filled or refilled in YYYYMMDD format.

Note: When billing for unit dose services, the last date of service in the billing period must be entered.

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RF (Refill Indicator)

Enter a one-digit code indicating the number of refills for this prescription.

<u>Code</u>	<u>Description</u>
0	New prescription.
1	1 st refill of prior prescription.
2	2 nd refill of prior prescription.
3	3 rd refill of prior prescription.
4	4 th refill of prior prescription.
5	5 th refill of prior prescription.
6	6 th refill of prior prescription.
7	7 th refill of prior prescription.
8	8 th refill of prior prescription.
9	9 th -11 th refill of prior prescription.

NDC (National Drug Code)

Enter the 11-digit NDC code or Medicaid-assigned 11-digit procedure code for the item being billed (use the NDC indicated on the product).

DAYS (Days' Supply)

Enter the estimated days' supply of the tablets, capsules, fluid cc's, etc., that has been prescribed for the recipient. This must be a whole number greater than zero (e.g., if a prescription is expected to be used for five days, enter "5").

Note: Days' supply is not the duration of the treatment, but the expected number of days the drug will be used.

QTY (Quantity Dispensed)

Enter the quantity in specified unit of measure according to the Wisconsin Medicaid Drug/Medical Supply Index.

Note: Two decimal places are assumed (e.g., a quantity of "1" should be entered as "100," a unit of "1 ¼" should be entered as "125," a unit of "1 ½" should be entered as "150"). Do not enter the decimal.

CHARGE (Detail Billed)

Enter the billed amount for each detail procedure including professional fees.

Note: Two decimal places are assumed (e.g., \$10.00 is keyed as 1000).

UD (Unit Dose Indicator)

Enter the appropriate unit dose indicator.

U	Unit dose dispensing fee with no repackaging allowance.
B	Unit dose dispensing fee with repackaging allowance.
D	Traditional dispensing fee with repackaging allowance.
Blank	Traditional dispensing fee with no repackaging allowance.

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RX-NBR (Prescription Number)

Enter up to eight characters of the prescription number. Each legend and over-the-counter drug must have a unique prescription number.

MAC (Maximum Allowed Cost)

If the legend drug dispensed is listed in the Wisconsin Medicaid Drug File as the innovator with a state MAC and the prescribing physician indicated “Brand Medically Necessary” on the prescription, enter “N,” otherwise leave this field blank.

POS (Place of Service)

Enter the appropriate single-digit place of service code.

<u>Code</u>	<u>Description</u>
0	Pharmacy.
3	Doctor’s office.
4	Home (IV-IM services only).
7	Nursing facility/extended care facility.
8	Skilled nursing facility.